				P1	O/SB/01 (12-97
COMBINED		Altorney Doc	ket Number		
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY			nventor	Plerre Belhume	ur et al.
			Complete If known		
AND POWER OF ATT	ORNEY	Application Nu	ımber		
Darton		Filing Date			
	ration Submitted	Group Art Unit	: _		
	ge (37 CFR 1.18(e))	Examiner Nan	ie		
As a below named inventor, I her My residence, post office address a	and citizenship	are as stated be			
I believe that I am the original, first and joint inventor (if plural names a patent is sought on the invention er	are listed belov	entor (if only one of which will be subject	name is liste matter which	d below) or an is claimed an	original, first d for which a
BIOLOGICAL INDICATORS FOR	VALIDATING .	A PRION STERII	IZATION-PF	ROCESS	•
the specification of which					
is attached hereto. OR	•				
was filed on					
,	/dd/yyyy)	-			
as United States Application for and was amended on	Number or PCT In	nternational Applicatio (if application)	_	PCT/CA00	/00446
	(mm/dd/yyyy)		·		
I hereby state that I have reviewe including the claims, as amended by	d and unders y any amendm	stand the content nent specifically re	s of the aboreferred to abore	ve-identified s	specification,
I acknowledge the duty to disclose i	nformation wh	ich is material to	patentability :	as defined in 3	7 CFR 1.56.
I hereby claim foreign priority bene for patent or inventor's certificate, or one country other than the United checking the box, any foreign appli- application having a filing date before	r 365(a) of any States of An ication for pat	y PCT Internation nerica, listed bel ent or inventor's	al application ow and have certificate, o	which design also identifier of any PCT	ated at least
Prior Foreign Application Number(s) Co	ountry	Foreign Filling Date (MM/DD/YYYY)	Priority Not claimed	Certified Cop	y Attached?
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	 	t			
 Additional foreign application numbers are I hereby claim the benefit under 35 below. 	U.S.C. 119(e) of any United	States provi	02B attached here sional applicat	eto: ion(s) listed
Application Number(s)	Filing Date	(MM/DD/YYY)			
60/130,945	04/	26/1999	Additional numbers priority attached	are listed on a s	application supplemental PTO/SB/02B

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number		Palefit	Parent Filing Date (MM/DD/YYYY) 04/20/2000		Parent Patent Number (if applicable)	
P	PCT/CA00/00446					
	r PCT International appli					
	entor, I hereby appo ess in the Patent Tra Customer Number Registered practition	Cince	connected therewi	in;	Place Co	is application and ustomer Number Bel
	lame				00	
Stefan J. Klauber		Registration Nu		Name		Registration Number
Michael D. Davis		22,604	David A. Jacks	on		28,742
Michael A. Yamin		39.161	Allan H. Fried			31.253
Guy Houle		44,414	Robert Milchell			25.007
Robert Carrier		24.971	Kevin P. Murph	у		26,674
France Côté		30,726	Michel J. Sofla		.	37,017
1 13.132 30(0		37,037	- James Angleha			38.79 <u>6</u>
			Christian Cawth	iom		47,352
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Country 110A		Telephone	(201) 487-5800	Fax	(201) 343	-1684
hereby declare that	all statements made	acroin of				
hereby declare that elief are believed to ke so made are pul copardize the validity	t all statements made to be true; and further the nishable by fine or imply of the application or a	prisonment, or b	ents were made with tooth, under 18 U.S.C. d thereon,		at Willful fals such Willful (e statements and ti false statements ma
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97)	ADDITIONAL INVENTOR(S)
DECLARATION	Supplemental Sheet Page 3 of 4
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])	I Family Name or Sumame
ZOO Given Name (first and middle [if any]) Kartne	JULIEN
nventor's Signature Residence: State Quebec Cost Office Address 8160 Chambord	Date 18/FEB / BOC
Apt. 2	
ity Montréal Province or State Quebec	Postal Code Or Zip H2E 1X7 Country CANADA
ame of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])	Family Name or Surname
300 Maryam	TABRIZIAN
sidence; Longueuil CA State Quebec Co	Date 13/03/20 Duntry Canada Citizenship Canadian
Province or State Quebec	Postal Code , Or Zip
me of Additional Joint Inventor, If any:	☐ A petition has been filed for this unsigned inventor
Given Name (first and middle [if any]) L'Hocine	Family Name or Surname YAHIA
entor's Signature	Date 04/03/2002
Pointe-Claire State Quebec Cout Office Address 118 Greystone	untry <u>Canada</u> Citizenshlp <u>Canadlan</u>

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97) ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Page 4 of 4 Name of Additional Joint Inventor, if any: A polition has been filed for this unsigned inventor Given Name (first and middle [If any]) Family Name or Sumame MARCHAND Inventor's Signature Date XO3 Residence: City Montréal State Country Canada Citizenship Post Office Address 5375 Place Lafond Province Postal Code _ Montréal or State Quebec Or Zip H1X 3G6 Country CANADA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City Country Cltizenship Post Office Address Postal Code City Or Zip Country Name of Additional Joint Inventor, if any: ☐ A pelition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City ____ Country Citizenship Post Office Address Province Postal Code Coun City Or Zip try Additional inventors are being named on the

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supplemental Additional Inventor(s) PTO/SB/02A attached hereto.